



NEEDHAM HEALTH DEPARTMENT

1471 Highland Avenue, Needham, MA 02492
E-mail: healthdepartment@needhamma.gov

781-455-7500 x511 (tel); 781-455-0892 (fax)
Web: www.needhamma.gov/health



SOIL TEST APPLICATION

Date: _____

Site Location: _____ Assessor's Map/Parcel # _____ **Attach Plot Plan of Lot showing existing septic system and existing utilities. (Info. may be obtained from the Town Engineering Dept. at 470 Dedham Ave.)**

Property Owner: _____

Owner's Address: _____

Telephone #: _____ Email: _____

Name of Engineer: _____

Engineer's Address: _____

Telephone #: _____ Email: _____

Name of Soil Evaluator: _____

Telephone #: _____ Email: _____

For: () House addition or expansion --- # current bedrooms _____ # future bedrooms _____
() Repair () Replacement of failed or failing system
() New home or other building () Subdivision (drainage)

Has site been previously tested? Yes () No ()
If Yes, what was done and when? _____

Soil Testing Location (Contact the Town Engineering Dept. with any specific questions at 781-455-7538.) **Please provide locations of your proposed test holes on your plot plan to be submitted.**

Wellhead Protection Zone I or **Zone II** of the Town of Needham or Town of Wellesley?

Yes () No () If yes, which Zone? _____

Is **municipal sewer** available on street? Yes () No ()

Distance to nearest sewer connection: _____ feet on _____ Street(s) *(Please submit a written cost estimate from the Water and Sewer/Engineering Dept. on cost of sewer connection.)*

Would your property be able to connect to municipal sewer if you were granted an easement from an abutting property? Yes () No ()

Signatures: *(It is applicant's responsibility to provide all necessary personnel and equipment. After review of completed application, the Health Department Agent will call **applicant** to set up an appointment.)*

I understand that all fees must be paid prior to assignment of a testing date.

Name of Applicant: _____ Telephone #: _____

Signature of Applicant: _____ Date: _____

Check List:

- () Locus/Assessor's Map () Plot plan showing location of existing septic system
() \$ Application and Witnessing Fee